

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20286

STATE FILE NUMBER

Registration District No. 49 Primary Registration District No. 5175 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRANCH TWP. Russel</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1 mile</u>				c. CITY OR TOWN <u>Branch 1 mile</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>CHRISTOPHER COLUMBUS BUTCHER</u> First Middle Last				4. DATE OF DEATH <u>7-4-1957</u> Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2-10-1869</u>	
9. AGE (In years last birthday) <u>88</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Laclede Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.G.</u>		13. FATHER'S NAME <u>Oliver Butcher</u>		14. MOTHER'S MAIDEN NAME <u>Betty Cyrus</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Mrs C.C. Butcher</u> Address <u>Branch Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>420.1</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>immediate</u>	
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>6-20-57</u> to <u>7-4-57</u> and last saw <u>him</u> alive on <u>7-3-57</u> Death occurred at <u>12:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>V.D. Janner M.D.</u> (Degree or title)				22b. ADDRESS <u>Buffalo Mo</u>		22c. DATE SIGNED <u>7-5-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-6-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hope Well</u>		23d. LOCATION (City, town, or county) (State) <u>Union Mo</u>	
24. FUNERAL DIRECTOR <u>L.B. Jones</u> ADDRESS <u>Buffalo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-5-57</u>		26. REGISTRAR'S SIGNATURE <u>Alda R. Eldred</u>			

(Licensed Embalmer's Statement on Reverse Side)

356-34708

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Leonard Jones  
Licensed Embalmer No. 25

P. O. Address Buffal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.